

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

13724

State File No.

BIRTH NO. FILED MAY 4 1953 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4153 Registrar's No. 53-47

1. PLACE OF DEATH a. COUNTY <u>Dade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lockwood</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lockwood</u>		0290	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home</u>				d. STREET ADDRESS <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Arthur</u>		b. (Middle) <u>Richard</u>		c. (Last) <u>Greer</u>	
4. DATE OF DEATH <u>april 22 1953</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Mar. 21, 1884</u>		9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>		IF UNDER 12 HRS. Hours <u>1</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>carpenter</u>		11. BIRTHPLACE (State or foreign country) <u>Dade co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>Greenberry Greer</u>			
13b. MOTHER'S MAIDEN NAME <u>Kate Webb</u>				14. NAME OF HUSBAND OR WIFE <u>Dessie Greer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>538-10-3752</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Dessie Greer Lockwood Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>not known</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>4/500</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify)			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from <u>4-1, 1953</u> , to <u>4-22, 1953</u> , that I last saw the deceased alive on <u>4-22, 1953</u> , and that death occurred at <u>11:15 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>T. D. Combe M.D.</u>				23b. ADDRESS <u>Lockwood Mo.</u>			
23c. DATE SIGNED <u>4-25-53</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>4-25-53</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u>			
24d. LOCATION (City, town, or county) (State) <u>Dade co mo.</u>				DATE REC'D BY LOCAL REG. <u>4-29-53</u>			
REGISTRAR'S SIGNATURE <u>J. C. Canada</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.R. Allison Greenfield Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 27 1961

MAY 8 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W.R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenville, S.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.